

Registration Form ~ Yearly Meeting Session 2018  
Georgian College, Barrie, ON / August 2-11

## Registrants

Name	Age (if under 18)	First Time at YM?	Worship Choice (see below)

### Worship Choices following Quaker Study:

- |                   |                       |                    |
|-------------------|-----------------------|--------------------|
| 1) Chant          | 3) Walking Meditation | 5) Worship Sampler |
| 2) Silent Worship | 4) Worship Fellowship | 6) Worship Study   |

## Contact Info

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Monthly Meeting: \_\_\_\_\_

## (A) Pre-Gathering Retreat

	# of Adults		TOTAL
I will participate in the Retreat		x \$40	

**(B) All-Inclusive Rate** Includes 1 overnight, 3 meals and is charged to each registrant ages 13 and older. Ages 3-12 are half-price. See description and inclusions in registration material.

Submit Registration by::	Rate/Person/Day	x Number of Registrants	x Number of Days	= Total
Before June 30	\$135			
July 1 – July 14	\$145			

**\*\* Families with children: please register by July 1 to allow time to organize Youth Program.**

### Lodging Requirements

- 1) Day of Arrival: \_\_\_\_\_ Day of Departure: \_\_\_\_\_
- 2) Preferred Roommate: \_\_\_\_\_
- 3) Will you require a room on the lowest floor (building does have an elevator) Yes / No

**(C) Individual Overnight Lodging Only Rates** [if not opting for all-inclusive rate (B)]  
 Note: individual meals can be purchased directly from the cafeteria.

	Fri Aug 3	Sat Aug 4	Sun Aug 5	Mon Aug 6	Tue Aug 7	Wed Aug 8	Thu Aug 9	Fri Aug 10	RATE	TOTAL
Overnight									\$69/double occ. suite	

### Medically-Necessary Diet

- Vegetarian Meals Only                       Allergies: \_\_\_\_\_  
 **Medically-Needed** Diet: (diabetic, gluten-free, etc.): \_\_\_\_\_

### (D) Day Visitor Only [if applicable]

Number of days attending \_\_\_\_\_ x \$10/day/adult = \$ \_\_\_\_\_  
 (No overnight stay; meals purchased from cafeteria.)

### Donation

If you can afford to contribute money beyond your own costs, you will enable a Friend to attend who needs financial assistance. Your donation will be added to the budgeted amount for financial assistance by CYM. All donations are tax deductible and receipts will be issued in early 2019.  
 Yes, I am able to donate \$\_\_\_\_\_

### Cost Summary

RETREAT (A) + (if applicable)	ALL-INCLUSIVE + TOTAL (B)	OVERNIGHT (C) + (if applicable)	DAY VISITOR + (D)	DONATION = (if applicable)	Total
				Paid in Full/Deposit	
				Balance Owing	

#### Payment options:

- Cheque enclosed (payable to 'Canadian Yearly Meeting')
- E-Transfer (to [cym-office@quaker.ca](mailto:cym-office@quaker.ca)) or by PayPal
- Payment by credit card:

Please charge \$\_\_\_\_\_ to my credit card for full/partial payment for Yearly Meeting session 2018.

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## Child Care / Crafts / Displays / Documents in Advance

- Yes, I need child care during the Pre-YM Retreat. Age(s) of child(ren) \_\_\_\_\_
- Yes, I need child care during the SPG Lecture. Age(s) of child(ren) \_\_\_\_\_
- Yes, I will bring crafts to sell. # of tables required: \_\_\_\_\_
- Yes, I will bring a display. # of tables required: \_\_\_\_\_
- Yes, I would like a printed copy of *Documents in Advance* mailed to me

## Volunteer Ministry and Community Building

- 1) Do you have a special need that you would like help with? (i.e. mobility issues, hearing difficulty, etc.)  
\_\_\_\_\_
- 2) Do you need Program Committee to rent a walker or wheelchair? Yes / No \_\_\_\_\_
- 3) Will you require a headset due to hearing impairment? Yes / No

We encourage Friends to volunteer in **1 or 2** of the following ministries:

(\*Medic volunteers must have minimum of First Aid). Brief descriptions of these tasks are found in the registration material.

- |   |   |  |
|---|---|--|
| <input type="radio"/> Adult Friend Volunteer Ministry | <input type="radio"/> Family Night Helper       | <input type="radio"/> Worship Fellowship Leader              |
| <input type="radio"/> Bell Hop/Greeter/Guide          | <input type="radio"/> Gleanings Committee       | <input type="radio"/> Worship Study Leader                   |
| <input type="radio"/> Clean Up Volunteer (Aug 11)     | <input type="radio"/> Medic * _____             | <input type="radio"/> Youth Program Helper **                |
| <input type="radio"/> Committee of Care during YM     | <input type="radio"/> Meeting Room Set Up       | <b>** Current Police Check must be submitted prior to YM</b> |
| <input type="radio"/> Correspondence Committee        | <input type="radio"/> Microphone Walker         |  |
| <input type="radio"/> Doorkeeper                      | <input type="radio"/> Minute Review Committee   |  |
| <input type="radio"/> Epistle Summarizing Committee   | <input type="radio"/> Silent Worship Leader     |  |
| <input type="radio"/> Evening Babysitter              | <input type="radio"/> Walking Meditation Leader |  |

### Submit this form with your payment to:

Canadian Yearly Meeting  
91A Fourth Avenue  
Ottawa, ON K1S 2L1

Phone: 613.235.8553  
Fax: 613.235.1753  
Email: cym-office@quaker.ca

Early Deadline: June 30/18  
**Final Deadline: July 14/18**

## Parental Release Form for all participants in Canadian Yearly Meeting under the age of 18

*Canadian Yearly Meeting must seek parental release for all young people ages 0-17 who participate in Canadian Yearly Meeting sessions. We assume that all young people will be registered for the entire time they are on campus. Please complete return the form(s) with your registration materials. Thank you.*

1) Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Health coverage details (name of plan and registration number):

\_\_\_\_\_

Conditions or special needs that group leaders/health care providers should know:

\_\_\_\_\_

\_\_\_\_\_

2) Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Health coverage details (name of plan and registration number):

\_\_\_\_\_

Conditions or special needs that group leaders/health care providers should know:

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child(ren) to participate in the 2018 sessions of Canadian Yearly Meeting and to participate in all planned program activities, both on and off campus. I hereby release Canadian Yearly Meeting, its officers, staff, volunteers and the host facility from all liability for any injury or illness that my child may experience during Yearly Meeting sessions.

In the event of an emergency, I hereby authorize Yearly Meeting organizers, or the below-named Guardian to consent to any medical or surgical care advised by licensed health care providers. I hereby release Canadian Yearly Meeting and the host facility from any liability, legal or financial, for emergency care provided for my child. I expect to be informed as soon as possible.

Parent's/Legal Guardian's signature: \_\_\_\_\_

Name of Guardian **present and on-site** during Yearly Meeting session: \_\_\_\_\_  
(If Parent/Legal Guardian is not in attendance.)

Emergency contact person **not** in attendance at Yearly Meeting session: \_\_\_\_\_  
Tel: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Signature of **on-site** Guardian: \_\_\_\_\_  
(If Parent/Legal Guardian is not accompanying child(ren) to Yearly Meeting.)

**\*\* PLEASE PHOTOCOPY THIS FORM IF REQUIRED, FOR ADDITIONAL CHILDREN.**